



Under the Paperwork Reduction act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

 Declaration Submitted with Initial Filing

Declaration OR Submitted after Initial

Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number First Named Inventor		MSI				
		KOSCHANY				
COMPLI	ETE //	F KNOWN				
Application Number						
Filing Date	12/	-				
Group Art Unit						
Examiner Name						

As a below named inventor, I hereby declare that: My residence, post office address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: Gas-Proof Assembly Composed of a Bipolar Plate and a Membrane-Electrode Unit of Polymer Electrolyte Membrane Fuel Cells the specification of which (Title of the Invention) \mathbf{X} is attached hereto was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY) (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Number(s)	Country	(MM/DD/YYYY)	Not Claimed	YES	NONO	
198 29 142.6 PCT/DE99/01890	Germany PCT	06/30/1998 06/30/1999	0000	0000		

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s) Filing Date (MM/DD/YYYY)

Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

(1)

THE REAL PROPERTY AND ASSESSED.

1-00

Under the Paper eduction Act of 1995, no persons are required to rea valid OMB control number.

Office; U.S. DEPARTMENT OF COMMERCE at to a collection of information unless it contains

Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112 Lacknowledge the duty to disclose

and the national or PCT international filing date of this application. U.S. Parent Application or PCT Parent Number						Parent Filing Date Pare (MM/DD/YYYY)				rent Patent Number (if applicable)			
PCT/DE99/01890					06/30/								
Additiona	I U.S. or P	CT internations	al applic	ation n	umbers are	listed on a	sunniamer	ntal pri	ority data	sheet P	TO/SB/	OSB attacha	d barata
s a named in	ventor, I he	ereby appoint to nnected therew	he follo:	ving red Custo OR	gistered pra omer Numb	er	to prosecu	te this	application —	on and to	transa	ct all busine Place Cu Number B	ss in the Pate stomer Sar Code
	Name)			Registra Numb	ation	name/registration number list				- W	Re	gistration Number
James C. Meera P.	•	simhan			22,6 40,2	<u> </u>							
Additional	registered	practitioner(s)	named	on sup	plemental F	Registered F	Practitioner	Inforr	nation sh	eet PTO	/SB/02C	attached h	ereto.
Direct all corr	responde	nce to:			umber Label				OR	X c	orrespo	ondence a	dress belo
Name		James C	. Wra	ay									
Address		1493 Ch	ain 1	Bridg	ge Road	, Suit	e 300						
Address													
City		McLean					State	State VA ZIP			22101		
Country		US		Т	elephone	(703)) 442-	4800)	Fax	(70:	3) 448-	7397
unishable by	fine or im	statements may further that the prisonment, or issued thereon	ese sta both. i	tement	s were ma	de with the	knowleda	e that	willful fa	lea stata	mente :	and the like	so made or
Vame of So	ole or Fi	rst Invento	r:			ſ	☐ A petit	ion h	as been	filed fo	r this u	nsigned in	ventor
Given Name (first and middle [if any])							Family Name or Surname						
Petra		ρ	<u> </u>				Kosch	any					
Inventor's Signature		a	le	w	<u>~</u>		Pelo	\mathcal{Q}				Date	20.11.
	City	<u>Salzweg</u>	De	=_	State		Country	, 0	German	у		Citizenshi	German
Residence: (Pfarrweg	5										
	ddress	TIGITWEE											
Residence: (Post Office A													